

1. **What was your main problem when you first came in?** Where was your pain, how bad was it and for how long? What was the pain like? (HINT: “When I first came in I had burning and aching in my hip that wouldn’t let me take a normal step. My kids had to put on my shoes. Sometimes I even had to use a cane....”)
2. **Were there things you couldn’t do...at work...at home...or for fun?** Did it interfere with your sleep? (HINT: “For the last 3 months I haven’t been able to reach back and comb my hair and I couldn’t sleep on my right side. It was awful. I looked a fright...”)
3. **What did you try to get rid of the pain—BEFORE you came to see us?** Heat? Ice? Stretching? Pills? Did you go to other doctors? Did you have cortisone shots? Did you have surgery? (HINT: “I went to physical therapy, tried ibuprofen and muscle relaxants. I went to an orthopedist and nothing helped...”)
4. **What did we do to help you? What particular techniques?** (HINT: “The stretching and the adjustments really helped free up my back and it helps even at home when I start to stiffen up. I didn’t know what to do to help myself until...”)
5. **How are you feeling now?** Looser? Stronger? Less pain? How much? What can you do that you couldn’t before? (HINT: “It’s the first time in 3 years I’ve been able to turn over in bed without pain...and I don’t have to sleep in the recliner. My wife was so sick of my tossing and turning...”)
6. **What would you tell a friend about our office and our staff?** (HINT: The doctor and staff actually listened to me. They looked where I pointed and didn’t make me feel small and stupid. I’d send anyone to see them for help...and I’ve already sent my brother and he got help (specifically), too.)

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Signed _____ **Date** _____

Address _____